

Case Number:	CM13-0064176		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2008
Decision Date:	04/03/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year-old male who was injured on 2/28/2008. The IMR application shows a dispute with the 12/5/13 UR decision. The 12/5/13 UR letter is by [REDACTED], and was based off of the 11/27/13 RFA from [REDACTED], and recommends against repairing or replacing the patient's motorized wheelchair. Unfortunately, the medical report from [REDACTED] from Nov. 2013 or the 11/27/13 RFA were not provided for this IMR. The latest report available from [REDACTED] is dated 8/21/13, and it states the patient is in for follow-up on the amputated leg. Exam shows pressure points and erythema at the stump from the mal-fitting prosthesis. His diagnoses include left below the knee amputation; peptic ulcer; anxiety; Hepatitis C; back pain- compensatory; hiatal hernia; esophageal erosion/ulcer.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

New power wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99.

Decision rationale: The patient had his left leg amputated when an elevator came down on it. The medical report that requested the repair or replacement power wheelchair was not available for this IMR. The most recent progress report available is dated 8/21/13 and it does not discuss the repair or replacement wheelchair. There is a QME from [REDACTED] dated 3/14/13, that contains a record review back through 2011, and there is no mention of upper extremity issues. The medical records provided for review do not appear to mention any upper extremity difficulties that would support the use of a motorized wheelchair. MTUS Chronic Pain Guidelines for powered mobility devices state, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair" Based on the available information, the patient does not meet the MTUS Chronic Pain Guidelines' requirements for a powered mobility device.

Repairs to old power wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99.

Decision rationale: The medical records provided for review do not appear to mention any upper extremity difficulties that would support the use of a motorized wheelchair. MTUS Chronic Pain Guidelines for powered mobility devices state, " Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair" Based on the available information, the patient does not meet the MTUS Chronic Pain Guidelines' requirements for a powered mobility device. There does not appear to be necessity to repair a device that is not recommended by MTUS. The request is not medically necessary and appropriate.